

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Eugene Choate

Mailing Address 4370 Peachtree Road, NE

City

Atlanta

State

GA

Zip Code

30319-3054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bankers Fidelity Life Ins-
urance Compan

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 40710873

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Dayton Molendorp

Mailing Address 6507 Castle Knoll CT.

City

Indianapolis

State

IN

Zip Code

46250-1439

FEC ID number of contributing
federal political committee.

C

Name of Employer
OneAmerica

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 1

Transaction ID: 40710875

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. John R. Strangfeld

Mailing Address 751 Broad Street
24th Floor

City

Newark

State

NJ

Zip Code

07102-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prudential Insurance Comp-
any of Americ

Occupation
Chairman & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: 40771523

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)